## **Trans Fat Free Certification**

I	, representing
	(your name)
	(name of establishment)
at	
at	(address of establishment)
certi	ify that I have checked the menu items to be provided and/or provided to the City of
Can	nbridge for (name of event)
on _	according to my review, all menu items fall into <b>one</b> of (date of event)
the f	following four categories:
tile i	tonowing four eurogories.
1.	The ingredients list does not contain any of the following terms: "partially hydrogenated," "shortening," or "margarine."
2.	If the ingredients list includes the terms "partially hydrogenated," "shortening," or "margarine," the Nutrition Facts label lists either "0 grams" or "less than 0.5 grams" of trans fat per serving.
3.	For menu items or ingredients that did not come with a Nutrition Facts label and no ingredients list, I have documentation on file from the vendor that the foods contain 0 grams or less than 0.5 grams of trans fat per serving. The documentation includes:  (a) The manufacturer's name, address, and phone number  (b) Product name, serving size, and ingredients  (c) Trans fat content per serving, in grams, if product contains artificial trans fat
4.	It is an item served in its original sealed packaging with a label from the manufacturer (small bags of chips, cans of soda) and it is exempt from the trans fat regulation.
	refore, based on this review, I certify that the foods and beverages provided for this event comply with the 's trans fat regulation.
Name	e Signature
Job T	itle Business/Company
Date	Address